

Home Help Agency Modification Instructions



“Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value by providing a quality experience the first time, every time.”

-Provider Relations

Checklist

For a Home Help Agency that needs to make a modification:

- ☐ Login to MILogin with your previously created user ID and password
- ☐ Access CHAMPS
- ☐ Access Manage Provider Information
- ☐ Update information as needed

*****If the Primary Pay To address needs to be changed [click here](#).*****

Contact the Home Help Provider Support Helpline if you need help
1-800-979-4662

MiLogin and CHAMPS

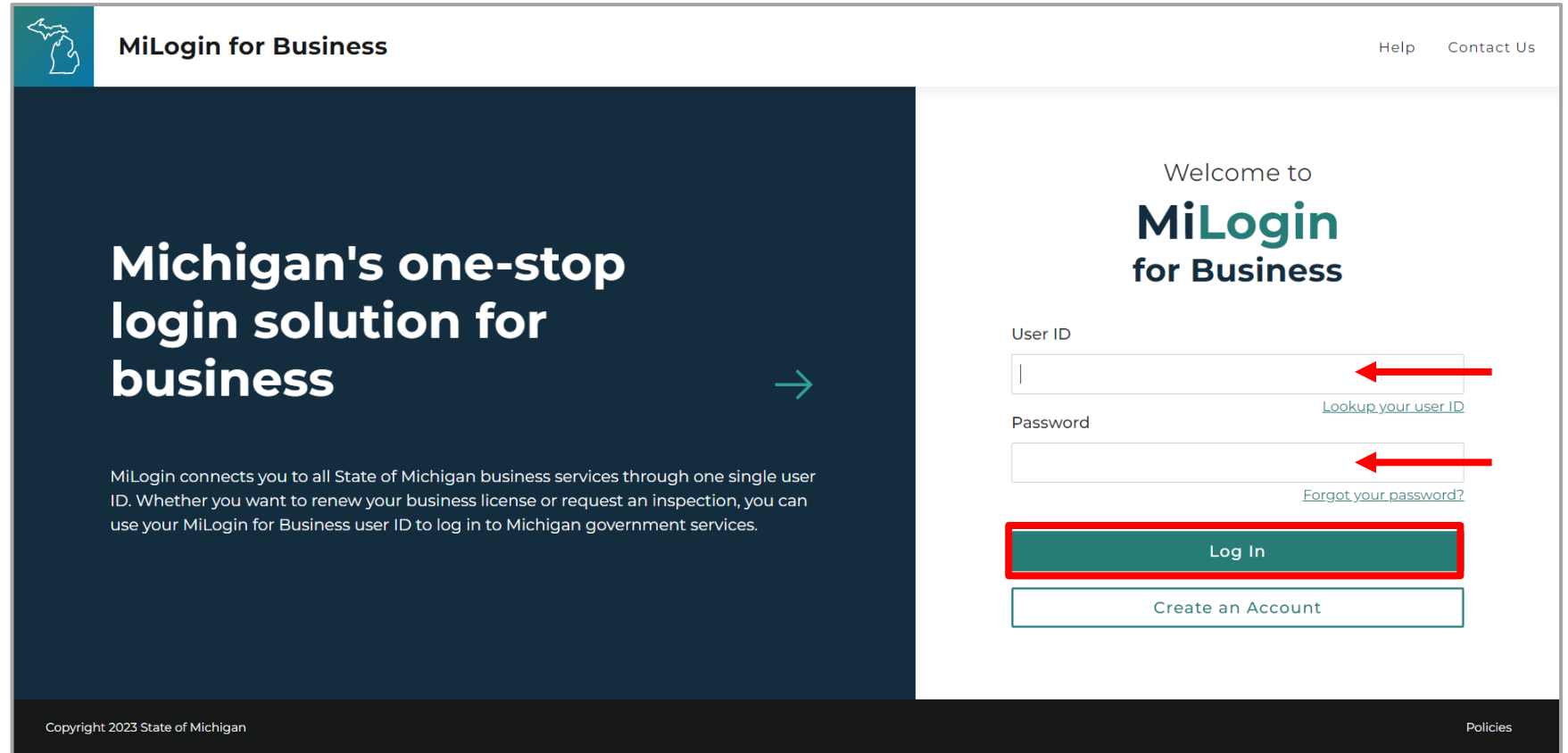
MiLogin is the State of Michigan Identity, Credential, and Access Management (MICAM) solution. All users needing access to CHAMPS's information must obtain a MiLogin User ID and Password.

CHAMPS (Community Health Automated Medicaid Processing System) is the MDHHS application where providers enroll, update provider enrollment information, and report services performed.

As of October 28, 2023, MiLogin Third Party has been rebranded to MiLogin for Business.

MiLogin and CHAMPS

- Open your web browser (e.g., Internet Explorer, Google Chrome, Mozilla Firefox, etc.).
- Enter <https://milogintp.Michigan.gov> into the search bar.
- Enter the User ID and Password and click Login
 - If you don't remember your User ID or Password, you can select "Lookup your User ID" or "Forgot your password?"



The screenshot displays the MiLogin for Business website. The header includes the Michigan state logo and the text "MiLogin for Business", with links for "Help" and "Contact Us". The main content area is split: the left side has a dark blue background with the text "Michigan's one-stop login solution for business" and a teal arrow pointing right; the right side is white and contains the login form. The form includes fields for "User ID" and "Password", each with a red arrow pointing to it. Below the "User ID" field is a link "Lookup your user ID", and below the "Password" field is a link "Forgot your password?". At the bottom of the form are two buttons: "Log In" (highlighted with a red border) and "Create an Account". The footer contains "Copyright 2023 State of Michigan" and a link to "Policies".

MiLogin for Business

Help Contact Us

Welcome to
MiLogin
for Business

User ID

Lookup your user ID

Password

Forgot your password?

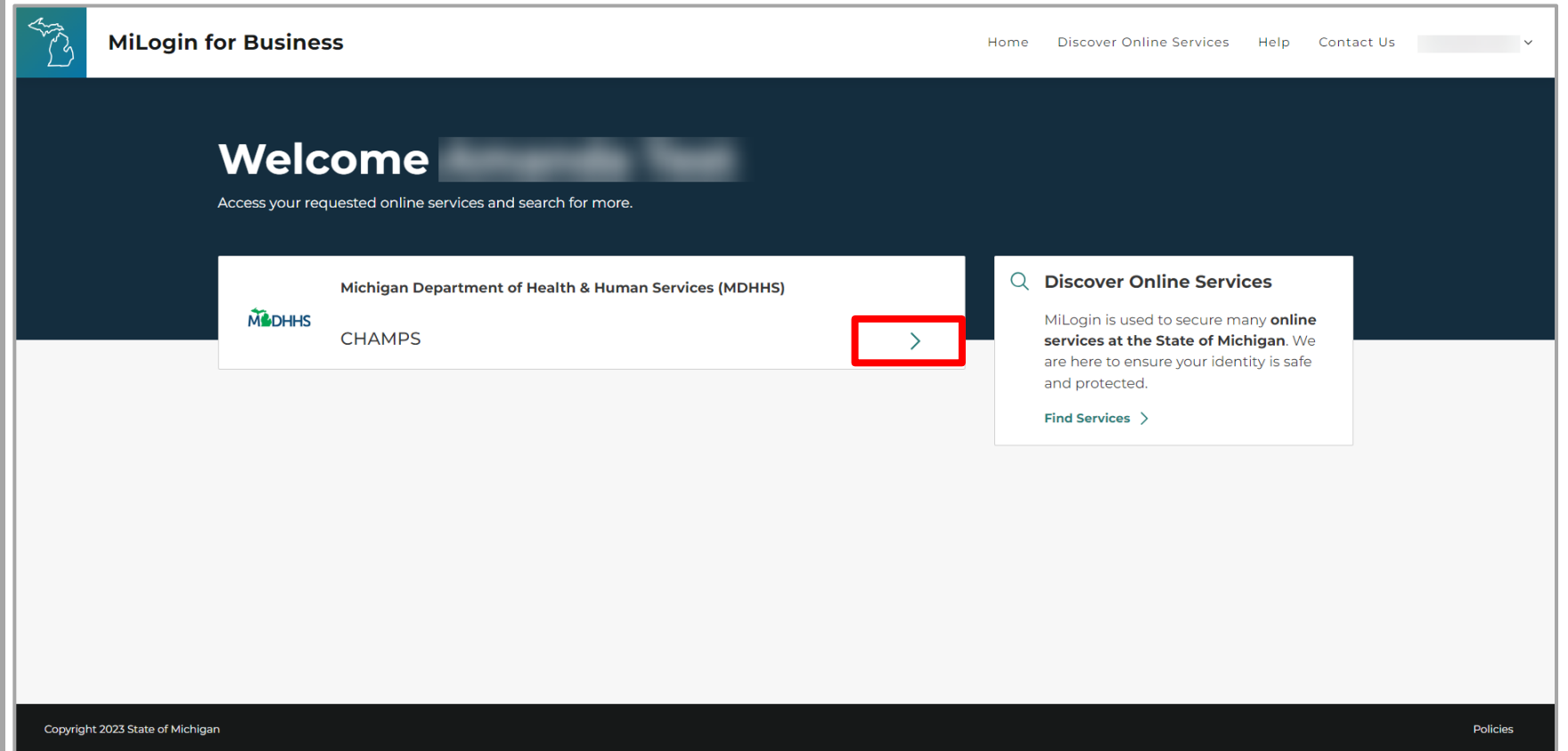
Log In

Create an Account

Copyright 2023 State of Michigan Policies

MiLogin and CHAMPS

- You will be directed to your MiLogin Welcome Page.
- Click the CHAMPS hyperlink.



MiLogin and CHAMPS

- Review the terms and conditions and check the 'I agree to the Terms & Conditions'.
- Click Launch service.

MiLogin for Business

Home Discover Online Services Help Contact Us

[Back to Home](#)

MDHHS

CHAMPS

(Community Health Automated Medicaid Processing System) is the Michigan Medicaid Management Information System (MMIS). It supports Medicaid provider enrollment and maintenance, beneficiary healthcare eligibility and enrollment, prior authorization, Home Help Electronic Service Verification (ESV), fee-for-service payments and managed care enrollments, payments, and encounters.

Please accept the Terms and Conditions to continue:

Terms & Conditions

The Michigan Department of Health & Human Services (MDHHS) computer information system (systems) are the property of the State Of Michigan and subject to state and federal laws, rules and regulations. The systems are intended for use only by authorized persons and only for official state business. Systems users are prohibited from using any assigned or entrusted access control mechanisms for any purposes other than those required to perform authorized data exchange with MDHHS. Logon IDs and passwords are never to be shared. Systems users must not disclose any confidential, restricted or sensitive data to unauthorized persons. Systems users will only access information on the systems for which they have authorization. Systems users will not use MDHHS systems for commercial or partisan political purposes. Following industry standards, systems users must securely maintain any

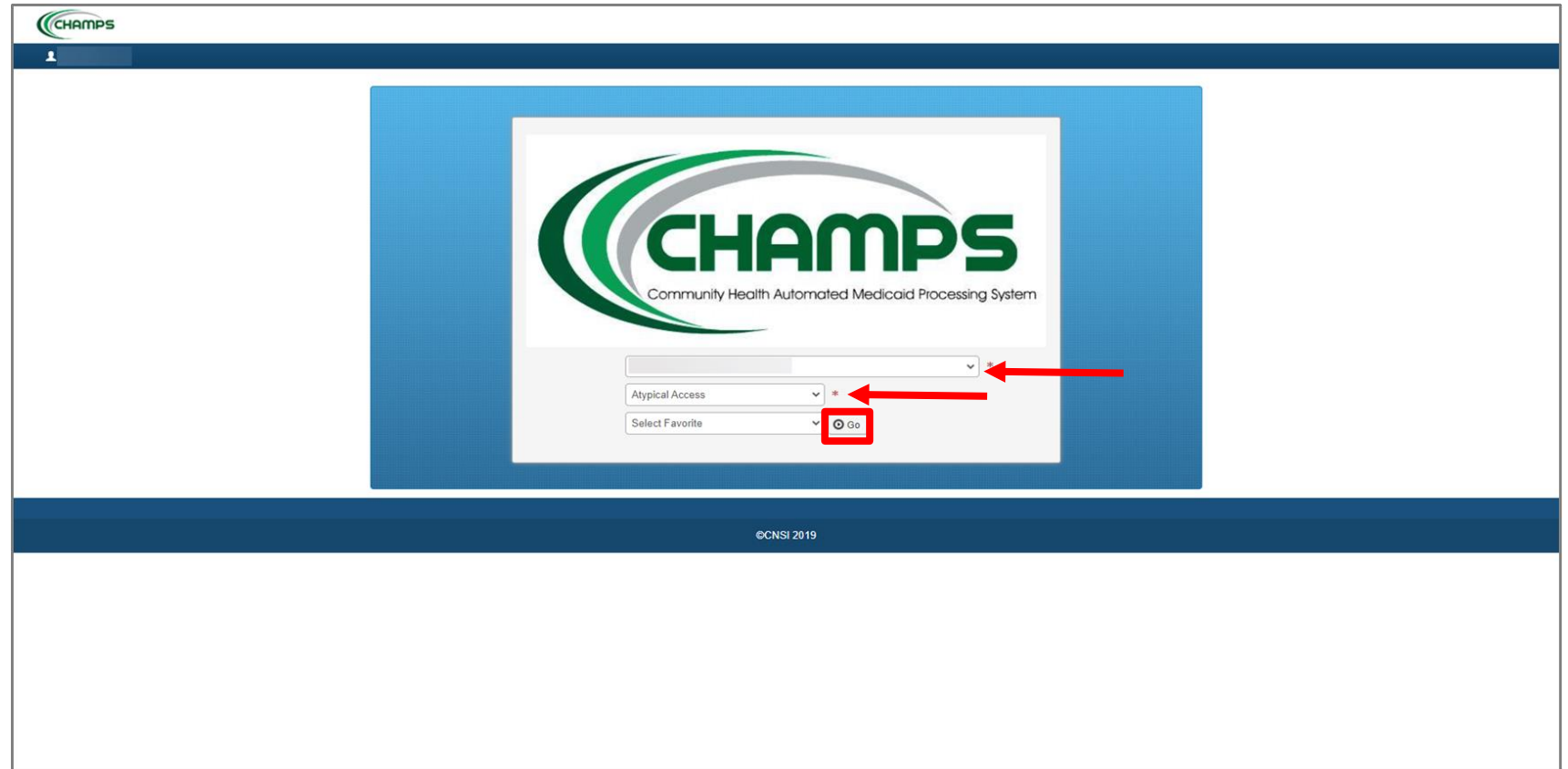
☒ I agree to the Terms & Conditions

Launch service

Copyright 2023 State of Michigan Policies

MiLogin and CHAMPS

- The Provider ID and Name will show in the top drop-down menu
- In the Select Profile drop-down menu, select Atypical Access
- Click Go



The screenshot shows the CHAMPS login page. At the top left is the CHAMPS logo. Below it is a user profile icon. The main content area features a large CHAMPS logo with the text "Community Health Automated Medicaid Processing System" underneath. Below the logo is a login form with three dropdown menus: a top menu for Provider ID and Name, a middle menu for "Atypical Access", and a bottom menu for "Select Favorite". To the right of these menus is a "Go" button, which is highlighted with a red square. Three red arrows point to the dropdown menus and the "Go" button. The footer of the page displays "©CNSI 2019".

Home Help Agency Modification

- In the Provider drop-down menu, select Manage Provider Information.

The screenshot displays the CHAMPS Provider Portal. At the top, the 'Provider' dropdown menu is open, with a red box highlighting it. The menu options are: PROVIDER ENROLLMENT (New Enrollment, Track Application), MANAGE PROVIDER (Manage Provider Information), and ELECTRONIC SERVICE VERIFICATION (ESV) (ESV Member List). A red arrow points to 'Manage Provider Information'. The main content area features a system notification: 'Due to R10c-1.1 release, the system will be down between 7:00 PM EST Friday, March 23rd, to 2:00 AM Saturday, March 24th, 2018. This outage will affect the CHAMPS system access for all functionality.' To the right is a calendar for June 2018, showing the current date as Wednesday, June 13, 2018, at 11:40. Below the calendar is a 'My Reminders' section with a filter dropdown and a 'Go' button. The reminders table is empty, displaying the message 'No Records Found!'.

Alert Type	Alert Message	Alert Date	Due Date	Read
<input type="checkbox"/>				

No Records Found !

Home Help Agency Modification

Step 1: Provider Basic Information

- Click Step 1.
 - Note: In the Required Column, you will see the required steps.
- The Status Column will say Incomplete until the step is completed.

CHAMPS

My Inbox Provider

Last Login: 01 JUN, 2018 08:39 AM

Provider Portal Atypical Agency Modification

Provider ID: Name:

Close Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - Atypical Agency

Business Process Wizard - Provider Data Modification (Atypical Agency).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 2: Locations	Required	09/06/2015	11/03/2015	Incomplete		
<input type="checkbox"/> Step 3: Specialties	Required	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	02/01/2018	02/01/2018	Incomplete		
<input type="checkbox"/> Step 5: Additional Information	Optional	12/23/2017	12/23/2017	Incomplete		
<input type="checkbox"/> Step 6: License/Certification/Other	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 8: Associate Billing Agent	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	01/30/2018	09/14/2015	Incomplete		
<input type="checkbox"/> Step 10: Taxonomy Details	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 11: View Servicing Provider Details	Optional	02/28/2018	07/27/2015	Incomplete		
<input type="checkbox"/> Step 13: Upload Documents	Optional	12/23/2017	12/23/2017	Incomplete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 13: Associate MCO Plan	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 15: Complete Modification Checklist	Required	01/30/2018	02/01/2018	Incomplete		
<input type="checkbox"/> Step 16: Submit Modification Request for Review	Required	01/30/2018	02/01/2018	Incomplete		

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1

First Prev Next Last

Home Help Agency Modification

Step 1: Provider Basic Information

- Verify and change any information that needs to be updated.
- Click OK.

Print Help

Provider ID: Name:

Provider Details

Legal Entity Name: * (As shown on the Income Tax Return)

Entity Business Name: * (Doing Business As)

EIN/TIN:

Organization/Business Type: Other Agencies * Vendor ID:

NPI:

Business Status: Active

Status: Approved

Business Elig.Date Range: 07/13/2015-12/31/2999

Revalidation Period: 05/01/2018-07/31/2018

Contact Email Address:

Email-1: * Email-2:

Email-3: Email-4:

Email-5: Email-6:

Ok Cancel

Home Help Agency Modification Step 2: Locations

- Click Step 2: Locations
- Note: Step 1 status has now changed from Incomplete to Complete.

CHAMPS < My Inbox Provider >

Last Login: 01 JUN, 2018 08:39 AM

Provider Portal > Atypical Agency Modification

Provider ID: Name:

Close Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - Atypical Agency

Business Process Wizard - Provider Data Modification (Atypical Agency).

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<input type="checkbox"/> Step 6: License/Certification/Other	Optional	07/27/2015	07/27/2015	Incomplete		
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View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 << First < Prev > Next >> Last

Home Help Agency Modification

Step 2: Locations

- Click the Primary Practice Location hyperlink.

The screenshot displays the CHAMPS Provider Portal interface. At the top, the navigation bar includes the CHAMPS logo, 'My Inbox', and 'Provider'. A dark blue header bar shows the user's last login as '07 JUN, 2018 09:40 AM' and provides links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The breadcrumb trail indicates the current path: 'Provider Portal > Atypical Agency Modification'.

Below the header, there are input fields for 'Provider ID:' and 'Name:'. A 'Close' button and an 'Add' button are present, along with a note: 'To add/modify Pay To, Correspondence and Remittance Advice addresses, click on Location Type hyperlink'.

The main section is titled 'Locations List'. It features a table with the following columns: 'Doing Business As', 'Location Type', 'Location Details', 'Start Date', 'End Date', 'Status', 'Operational Status', and 'Inactivation Date'. Each column has a small triangle icon for sorting. The 'Location Type' column contains a blue hyperlink 'Primary Practice Location', which is highlighted with a red rectangular box. The 'Status' column shows 'Approved' and the 'Operational Status' column shows 'Active'.

At the bottom of the table, there are controls for 'View Page: 1', a 'Go' button, 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'. Navigation buttons for 'First', 'Prev', 'Next', and 'Last' are also visible.

Home Help Agency Modification

Step 2: Locations

- Verify and change any information that needs to be updated.
 - For Office Hours - use the drop-down menu to choose the correct times. Make sure to select the hours you are open or choose "Closed".
- Under the Address Type column click on the hyperlinked address type if updates are needed.
 - Note: Primary Pay To address cannot be changed in CHAMPS. For instructions on how to update [click here](#).
- Skip the next slide if the Correspondence and Location addresses are correct.

CHAMPS

My Inbox Provider

Last Login: 01 JUN, 2018 08:39 AM

Provider Portal > Atypical Agency Modification

Provider ID: Name:

To add additional addresses, click "Add Address" button.

Doing Business As: Phone Number: * Extn: Web Page:

Location Code: 01 Fax Number: Email Address: Communication Preference: Email

Please enter the hours your office is open for each day. If you are closed on a given day select "Closed" in the "Open At" drop down.

Day:	Open At:	AM/PM	Close At:	AM/PM	Day:	Open At:	AM/PM	Close At:	AM/PM
Sunday:	Closed	AM PM		AM PM	Thursday:	Closed	AM PM		AM PM
Monday:	08:00	AM PM	05:00	AM PM	Friday:	Closed	AM PM		AM PM
Tuesday:	Closed	AM PM		AM PM	Saturday:	Closed	AM PM		AM PM
Wednesday:	Closed	AM PM		AM PM					

Handicap Accessible: Yes No

Accept 835(reported at EIN/TIN level): No

Language(s) Spoken: English Arabic Chinese

Start Date: 07/13/2015 End Date: 12/31/2099 Status: Approved

Facility Details

State Facility ID: Fiscal Year End Date: 12/15

Address List

Add Address

Filter By: Filter By: And Operational Status: Active Go Save Filters My Filters

Address Type	Address	Start Date	End Date	Status	Operational Status	Inactivation Date
Correspondence		07/13/2015	12/31/2099	Approved	Active	
Location		07/13/2015	12/31/2099	Approved	Active	
Primary Pay To		07/13/2015	12/31/2099	Approved	Active	

View Page: 1 Page Count: SaveToXLS Viewing Page: 1

Home Help Agency Modification

Step 2: Locations

- Verify and change any information that needs to be updated.
- Click Save.
- Click Close.
- Note: This step is only needed if the Correspondence or Location Address needs to be updated.
- When Address Line 1 and Zip Code are added, and Validate Address is selected, the State, City/Town, and County will automatically fill in.

CHAMPS

My Inbox Provider

Last Login: 01 JUN, 2018 08:39 AM

Note Pad External Links My Favorites Print Help

Provider Portal Atypical Agency Modification

Provider ID: Name:

Close Save

Manage Provider Location Address

Type of Address: Correspondence Status: Approved

End Date: 12/31/2999

If a department or drawer number is required enter the information in line TWO. (For example: DEPT 222 or DEPARTMENT 222, DRAWR 1111 or DRAWER 1111) If an attention line is required, please enter the information in Line THREE. (For example: ATTN: Billing Dept.)

Address Line 1: *
(Enter Street Address or PO Box Only)

Address Line 2:

Address Line 3:

City/Town: *

State/Province: MICHIGAN *

County:

Country: UNITED STATES *

Zip Code: * - Validate Address

Home Help Agency Modification

Step 2: Locations

- Click Save.
- Click Close on the next two screens to go back to the list of steps. (Not shown)
- Note: Your new address will be listed in the Address column.

CHAMPS < My Inbox > Provider >

Last Login: 01 JUN, 2018 08:35 AM

Provider Portal > Atypical Agency Modification

Provider ID: _____ Name: _____

Close **Save** To add additional addresses, click "Add Address" button.

Doing Business As: _____ Location Code: 01 Location Type: Primary Practice Location

Phone Number: _____ * Extn: _____ Fax Number: _____ Email Address: _____

Web Page: _____ Communication Preference: Email

Please enter the hours your office is open for each day. If you are closed on a given day select "Closed" in the "Open At" drop down.

Day:	Open At:	AM/PM	Close At:	AM/PM	Day:	Open At:	AM/PM	Close At:	AM/PM
Sunday:	Close *	AM PM *	Close *	AM PM *	Thursday:	Close *	AM PM *	Close *	AM PM *
Monday:	08:00 *	AM PM *	05:00 *	AM PM *	Friday:	Close *	AM PM *	Close *	AM PM *
Tuesday:	Close *	AM PM *	Close *	AM PM *	Saturday:	Close *	AM PM *	Close *	AM PM *
Wednesday:	Close *	AM PM *	Close *	AM PM *					

Handicap Accessible: Yes

Accept 835(reported at EIN/TIN level): No

Language(s) Spoken: English

(For Multiple Selection, use Ctrl Key)

Start Date: 07/13/2015

End Date: 12/31/2999

Status: Approved

Facility Details

State Facility ID: _____

Fiscal Year End Date: 12/15

(mm/dd)

no access

Address List

Add Address

Filter By: _____ Filter By: _____ And Operational Status: Active

Save Filters My Filters

Address Type	Address	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/> Correspondence		07/13/2015	12/31/2009	Approved	Active	
<input type="checkbox"/> Location		07/13/2015	12/31/2009	Approved	Active	
<input type="checkbox"/> Primary Pay To		07/13/2015	12/31/2009	Approved	Active	

View Page: 1

Page Count SaveToXLS

Viewing Page: 1

First Prev Next Last

Home Help Agency Modification

Step 3: Specialties

- Click Step 3.
- Note: Step 2 status has now changed from Incomplete to Complete and the Modification Status is updated.

CHAMPS

My Inbox Provider

Last Login: 01 JUN, 2018 08:39 AM

Note Pad External Links My Favorites Print Help

Provider Portal Atypical Agency Modification

Provider ID: Name:

Close Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - Atypical Agency

Business Process Wizard - Provider Data Modification (Atypical Agency).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	07/27/2015	07/27/2015	Complete		
<input type="checkbox"/> Step 2: Locations	Required	06/01/2018	11/03/2015	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	02/01/2018	02/01/2018	Incomplete		
<input type="checkbox"/> Step 5: Additional Information	Optional	12/23/2017	12/23/2017	Incomplete		
<input type="checkbox"/> Step 6: License/Certification/Other	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 8: Associate Billing Agent	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	01/30/2018	09/14/2015	Incomplete		
<input type="checkbox"/> Step 10: Taxonomy Details	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 11: View Servicing Provider Details	Optional	02/28/2018	07/27/2015	Incomplete		
<input type="checkbox"/> Step 13: Upload Documents	Optional	12/23/2017	12/23/2017	Incomplete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 13: Associate MCO Plan	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 15: Complete Modification Checklist	Required	01/30/2018	02/01/2018	Incomplete		
<input type="checkbox"/> Step 16: Submit Modification Request for Review	Required	06/01/2018	02/01/2018	Incomplete		Modification Request has not been Submitted.

View Page: 1 Go Page Count SaveToXLS

Viewing Page: 1

First Prev Next Last

Home Help Agency Modification

Step 3: Specialties

- Verify and change any information that needs to be updated.
- Click Close if no additional specialties need to be added.
- Note: Nothing may need to be updated here, but you must still click in this step and then Close for the step to show complete.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there's a navigation bar with 'My Inbox' and 'Provider' tabs. Below this, a dark blue header contains user information (Last Login: 01 JUN, 2018 08:39 AM) and utility links (Note Pad, External Links, My Favorites, Print, Help). The main content area is titled 'Provider Portal > Atypical Agency Modification'. It features a form with 'Provider ID' and 'Name' fields. Below these fields are 'Close' and 'Add' buttons; the 'Close' button is highlighted with a red rectangle. A section titled 'Specialty/Subspecialty List' contains a table with columns: Specialty/Subspecialty, Start Date, End Date, Status, Operational Status, Inactivation Date, and Primary Specialty (Y/N). The table lists one entry: 'HOME HELP FAO/No Subspecialty' with a start date of 07/13/2015 and an end date of 12/31/2999. Below the table are pagination controls showing 'View Page: 1' and 'Viewing Page: 1', along with buttons for 'Go', 'Page Count', 'SaveToXLS', and navigation arrows (First, Prev, Next, Last).

Home Help Agency Modification

Step 9: Provider Controlling Interest/Ownership Details

- Click Step 9.
- Note: Step 3 status has now changed from Incomplete to Complete.
- Steps 4 - 8 are optional for Home Help Agency Providers.

CHAMPS

My Inbox Provider

Last Login: 01 JUN, 2018 08:39 AM

Note Pad External Links My Favorites Print Help

Provider Portal Atypical Agency Modification

Provider ID: Name:

Close Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - Atypical Agency

Business Process Wizard - Provider Data Modification (Atypical Agency).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	07/27/2015	07/27/2015	Complete		
<input type="checkbox"/> Step 2: Locations	Required	06/01/2018	11/03/2015	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	07/27/2015	07/27/2015	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	02/01/2018	02/01/2018	Incomplete		
<input type="checkbox"/> Step 5: Additional Information	Optional	12/23/2017	12/23/2017	Incomplete		
<input type="checkbox"/> Step 6: License/Certification/Other	Optional	07/27/2015	07/27/2015	Incomplete		
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<input type="checkbox"/> Step 10: Taxonomy Details	Optional	07/27/2015	07/27/2015	Incomplete		
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<input type="checkbox"/> Step 13: Upload Documents	Optional	12/23/2017	12/23/2017	Incomplete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 13: Associate MCO Plan	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 15: Complete Modification Checklist	Required	01/30/2018	02/01/2018	Incomplete		
<input type="checkbox"/> Step 16: Submit Modification Request for Review	Required	06/01/2018	02/01/2018	Incomplete		Modification Request has not been Submitted.

View Page: 1 Go Page Count SaveToXLS

Viewing Page: 1

First Prev Next Last

Home Help Agency Modification

Step 9: Provider Controlling Interest/Ownership Details

- Click on Owner SSN/EIN/TIN hyperlink of the Individual or Managing Employee to make updates.
- Click Close.

CHAMPS

My Inbox Provider

Last Login: 01 JUN, 2018 08:39 AM

Provider Portal > Atypical Agency Modification

Provider ID: Name:

Close

Owners List

Add

Filter By And Filter By And Operational Status Active Go Save Filters My Filters

Owner SSN/EIN/TIN	Owner Information	Type	Status	Start Date	End Date	Operational Status	Inactivation Date
<input type="checkbox"/>		Managing Employee	Approved	07/01/2015	12/31/2999	Active	
<input type="checkbox"/>		Managing Employee	Approved	07/13/2015	12/31/2999	Active	
<input type="checkbox"/>		Individual	Approved	07/13/2015	12/31/2999	Active	

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

Add Other Owned Entity List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare.

Filter By And Filter By And Operational Status Active Go Save Filters My Filters

Other Owner EIN/TIN	Other Owner Information	Address	Status	Operational Status	Inactivation Date
<input type="checkbox"/>					

No Records Found !

Home Help Agency Modification

Step 15: Complete Modification Checklist

- Click Step 15.
- Note: Step 9 status has now changed from Incomplete to Complete

CHAMPS

My Inbox Provider

Last Login: 01 JUN, 2018 08:39 AM

Note Pad External Links My Favorites Print Help

Provider Portal > Atypical Agency Modification

Provider ID: Name:

Close Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - Atypical Agency

Business Process Wizard - Provider Data Modification (Atypical Agency).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
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<input type="checkbox"/> Step 13: Upload Documents	Optional	12/23/2017	12/23/2017	Incomplete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 13: Associate MCO Plan	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 15: Complete Modification Checklist	Required	01/30/2018	02/01/2018	Incomplete		
<input type="checkbox"/> Step 16: Submit Modification Request for Review	Required	06/01/2018	02/01/2018	Incomplete		Modification Request has not been Submitted.

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Home Help Agency Modification

Step 15: Complete Modification Checklist

- Answer all the Provider Checklist questions by choosing Yes or No from each drop-down menu in the Answer column.
- Click Save.
- Click Close.

CHAMPS

My Inbox Provider

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Provider Portal Atypical Agency Modification Provider Check List

Provider ID: Name:

Close Save

Manage Provider Checklist

Question	Answer	Comments
Are you interested in working for other Home Help clients? (If you say no this will not affect your current work.)	Not Completed	
If you are interested in working for other clients do you authorize us to put your contact information on our Provider Registry List so that you can be contacted for additional work?	Not Completed	
Do you want your name removed from our Provider Registry?	Not Completed	
Have you ever been removed or told that you cannot participate in a State funded program? If yes, please tell us what program and why.	Not Completed	
Have you ever been removed or told that you cannot participate in a Federally funded program? If yes, please tell us what program and why.	Not Completed	
Have you ever had any criminal convictions? If yes, please tell us what for?	Not Completed	
Do you perform services as an agency with 2 or more employees?	Not Completed	
What county do you plan to work in?	Not Completed	
What is the name of the Adult Services Worker you are working with?	Not Completed	
Are you a Medicare certified home health agency?	Not Completed	
I understand that my information will be used to conduct a review of my criminal history I may have and the results of that review could possibly make me ineligible to work as a provider in the Home Help program. I also understand that the results of my criminal history screening will be shared with necessary MDCH and MDHS staff, as well as any potential client.	Not Completed	
I also acknowledge that I am required to update any changes in the enrollment within 10 days of that change.	Not Completed	
All providers are considered for the Beneficiary Monitoring Program. Do you object to this participation?	Not Completed	

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Step 16: Submit Modification Request for Review

- Click Step 16.
- Note: Step 15 status has now changed from Incomplete to Complete and the modification status is updated.

CHAMPS

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Provider Portal Atypical Agency Modification

Provider ID: Name:

Close Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - Atypical Agency

Business Process Wizard - Provider Data Modification (Atypical Agency).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
Step 1: Provider Basic Information	Required	07/27/2015	07/27/2015	Complete		
Step 2: Locations	Required	06/01/2018	11/03/2015	Complete	Updated	
Step 3: Specialties	Required	07/27/2015	07/27/2015	Complete		
Step 4: Associate Billing Provider/Other Associations	Optional	02/01/2018	02/01/2018	Incomplete		
Step 5: Additional Information	Optional	12/23/2017	12/23/2017	Incomplete		
Step 6: License/Certification/Other	Optional	07/27/2015	07/27/2015	Incomplete		
Step 7: Mode of Claim Submission/EDI Exchange	Optional	07/27/2015	07/27/2015	Incomplete		
Step 8: Associate Billing Agent	Optional	07/27/2015	07/27/2015	Incomplete		
Step 9: Provider Controlling Interest/Ownership Details	Required	06/01/2018	09/14/2015	Complete		
Step 10: Taxonomy Details	Optional	07/27/2015	07/27/2015	Incomplete		
Step 11: View Servicing Provider Details	Optional	02/28/2018	07/27/2015	Incomplete		
Step 13: Upload Documents	Optional	12/23/2017	12/23/2017	Incomplete		
Step 13: 835/ERA Enrollment Form	Optional	07/27/2015	07/27/2015	Incomplete		
Step 13: Associate MCO Plan	Optional	07/27/2015	07/27/2015	Incomplete		
Step 15: Complete Modification Checklist	Required	06/01/2018	02/01/2018	Complete	Updated	
Step 16: Submit Modification Request for Review	Required	06/01/2018	02/01/2018	Incomplete		Modification Request has not been Submitted.

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Step 16: Submit Modification Request for Review

- Click Next.



My Inbox

Provider

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Provider Portal

Atypical Agency Modification

Provider ID:

Name:

Close

Next

Final Submission

Provider ID:

EnrollmentType: Atypical Agency Provider

The Information submitted shall be verified and reviewed by the State.
During this time, any changes to the information shall not be accepted.

I agree that the information submitted as a part of the application is correct. (Private and Confidential)

Application Document Checklist

Forms/Documents	Special Instructions	Source	Required
▲▼	▲▼	▲▼	▲▼
No Records Found !			

Home Help Agency Modification

Step 16: Submit Modification Request for Review

- Read the Terms and Conditions Atypical Enrollment statement.
- Click the box at the bottom of the page if you acknowledge and agree.
- Click Submit for Modification agreeing that all the information in the application is correct.

The screenshot displays the CHAMPS Provider Portal interface. The top navigation bar includes the CHAMPS logo, a 'My Inbox' dropdown, and a 'Provider' dropdown. Below this, a user profile section shows the last login time as 01 JUN, 2018 08:39 AM. The main content area is titled 'Provider Portal > Atypical Agency Modification'. It features a 'Provider ID' field and a 'Name' field. A 'Close' button and a 'Submit for Modification' button are visible. The 'Submit for Modification' button is highlighted with a red box. Below the button, there is a 'Final Submission' section and a 'Terms and Conditions Atypical Enrollment' section. The 'Terms and Conditions' section contains a list of 28 numbered items, including definitions of 'Confidential Rider Information', 'Department', 'Driver', 'Rider', and 'Service'. At the bottom of the page, a red box highlights the statement: 'By checking this, I acknowledge that I have read the terms and agreement and I agree to fully comply with all program requirements.'

Home Help Agency Modification

Step 16: Submit Modification Request for Review

- Your request has been submitted.
- Review is completed once the Modification Status column shows blank again.
- Click Close.
- Logout.

CHAMPS My Inbox Provider

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Provider Portal > Atypical Agency Modification

Provider ID: Name:

Close Undo Update

The Modification Request has been submitted for State review. Return to here to track the status of your request. ✕

Please update all steps to complete your revalidation process

View/Update Provider Data - Atypical Agency

Business Process Wizard - Provider Data Modification (Atypical Agency).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	07/27/2015	07/27/2015	Complete		
<input type="checkbox"/> Step 2: Locations	Required	06/01/2018	11/03/2015	Complete	In Review	
<input type="checkbox"/> Step 3: Specialties	Required	07/27/2015	07/27/2015	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	02/01/2018	02/01/2018	Incomplete		
<input type="checkbox"/> Step 5: Additional Information	Optional	12/23/2017	12/23/2017	Complete		
<input type="checkbox"/> Step 6: License/Certification/Other	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 8: Associate Billing Agent	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	06/01/2018	09/14/2015	Complete		
<input type="checkbox"/> Step 10: Taxonomy Details	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 11: View Servicing Provider Details	Optional	02/28/2018	07/27/2015	Incomplete		
<input type="checkbox"/> Step 13: Upload Documents	Optional	12/23/2017	12/23/2017	Incomplete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 13: Associate MCO Plan	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 15: Complete Modification Checklist	Required	06/01/2018	02/01/2018	Complete	In Review	
<input type="checkbox"/> Step 16: Submit Modification Request for Review	Required	06/01/2018	02/01/2018	Complete		

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Provider Resources



Home Help website: www.Michigan.gov/HomeHelp



**We continue to update our
Provider Resources:**

[CHAMPS Resources](#)

[Listserv Instructions](#)

[Agency Providers](#)

[Individual Providers](#)



**Home Help Provider
Support Hotline:**

ProviderSupport@Michigan.gov

1-800-979-4662



**Thank you for participating in the Michigan Medicaid
Program**